CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTEREST **COVER PAGE**

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) Boxer Linda 1. Office, Agency, or Court Agency Name (Do not use acronyms) CIRM CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE Division, Board, Department, District, if applicable Your Position ICOC alternate board member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) ✓ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of _____ City of _____ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left ____/___ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is ______ through leaving office. December 31, 2015. Assuming Office: Date assumed ____/____ O The period covered is ____ the date of leaving office. Candidate: Election year ___ and office sought, if different than Part 1: _____ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 291 Campus Dr., LKSC 321, Stanford U. Stanford CA 94305-5101 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS 650 724-6966 lboxer@stanford.edu I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed**

Signature

(month, day, year)

(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| Name | CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|------|---|
| | Name |

| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
|---|--|
| Merck | Costco |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Pharmaceutical | Retail |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 \$10,001 - \$100,000 | |
| ✓ \$100,001 - \$1,000,000 Over \$1,000,000 | \$2,000 - \$10,000 |
| | 1 \$100,001 - \$1,000,000 |
| NATURE OF INVESTMENT ✓ Stock Other | NATURE OF INVESTMENT |
| (Describe) | Stock Other (Describe) |
| Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | //_15/15 |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| Life Technologies | Monsanto |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Biotech | Chemical |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) | (Describe) |
| ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| O Income Necesived of \$300 of Mote (Report of Schedule C) | O micorne Received of \$500 of More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| ► NAME OF BUSINESS ENTITY | ► NAME OF BUSINESS ENTITY |
| Pfizer | Abbvie |
| GENERAL DESCRIPTION OF THIS BUSINESS | GENERAL DESCRIPTION OF THIS BUSINESS |
| Pharmaceutical | Pharmaceutical (bought Pharmacyclics) |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| ✓ \$2,000 - \$10,000 | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| \$100,001 - \$1,000,000 Over \$1,000,000 | \$100,001 - \$1,000,000 Over \$1,000,000 |
| NATURE OF INVESTMENT | NATURE OF INVESTMENT |
| Stock Other | Stock Other |
| (Describe) | (Describe) |
| ☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C) | Partnership O Income Received of \$0 - \$499 |
| TILLOTTIC INCIDENCE OF \$300 OF WIDE (Report on Schedule C) | ○ Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| • | 1 |
| Comments: | |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION | |
|---|--|
| Name | |

| > | NAME OF BUSINESS ENTITY GE | - | NAME OF BUSINESS ENTITY |
|-------------|--|-------------|--|
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | Industry | | |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 | | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | Stock Other(Describe) | | Stock Other (Describe) |
| | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | //_15 | | / / 15 / / 15 |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| > | NAME OF BUSINESS ENTITY | > | NAME OF BUSINESS ENTITY |
| | | | |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | 1 | |
| | \$100,001 - \$1,000,000 St0,000 | | \$2,000 - \$10,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | Stock Other | 1 | NATURE OF INVESTMENT Stock Other |
| | (Describe) | 1 | (Describe) |
| | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | | Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | | II AFFLIOADLE, LIST DATE. |
| | / / 15 / / 15 | | |
| | ACQUIRED DISPOSED | | ACQUIRED DISPOSED |
| > | NAME OF BUSINESS ENTITY | • | NAME OF BUSINESS ENTITY |
| | GENERAL DESCRIPTION OF THIS BUSINESS | | GENERAL DESCRIPTION OF THIS BUSINESS |
| | FAIR MARKET VALUE | | FAIR MARKET VALUE |
| | \$2,000 - \$10,000 \$10,001 - \$100,000 | | \$2,000 - \$10,000 \$10,001 - \$100,000 |
| | \$100,001 - \$1,000,000 Over \$1,000,000 | | \$100,001 - \$1,000,000 Over \$1,000,000 |
| | NATURE OF INVESTMENT | | NATURE OF INVESTMENT |
| | Stock Other (Describe) | | Stock Other |
| | Partnership () Income Received of \$0 - \$499 | 1 | (Describe) Partnership (Income Received of \$0 - \$499 |
| | O Income Received of \$500 or More (Report on Schedule C) | | O Income Received of \$500 or More (Report on Schedule C) |
| | IF APPLICABLE, LIST DATE: | | IF APPLICABLE, LIST DATE: |
| | | 1 | // 15// 15 |
| | ACQUIRED DISPOSED | 1 | ACQUIRED DISPOSED |
| | 1 | | |
| C | omments: | | |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |

| ➤ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|---|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Stanford University | Stanford University |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| Stanford, CA | Stanford, CA |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| education, patient care | education |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| faculty physician | professor |
| CDOCC INCOME DECEMED | ODDOG MOOME DECEMEN |
| GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000 | GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000 |
| \$10,001 - \$100,000 VOVER \$100,000 | \$1,001 - \$10,000 \$1,000 \$10,000 \$10,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | |
| Salary Spouse's or registered domestic partner's income | CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income |
| (For self-employed use Schedule A-2.) | (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) | (Describe) |
| Other | Other |
| (Describe) | (Describe) |
| retail installment or credit card transaction, made in the | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | % None |
| ADDRESS (Business Address Acceptable) | |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address |
| <u>\$500 - \$1,000</u> | 24 |
| \$1,001 - \$10,000 | City |
| \$10,001 - \$100,000 | Guarantor |
| OVER \$100,000 | |
| ☐ O451/ 4100'000 | Other(Describe) |
| | (Doornoo) |
| Comments: | |

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name |

| 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME |
| Columbia University | Carnegie Mellon University |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| 615 W 131 St., New York, NY 10027-1002 | 500 Forbes Ave, Pittsburgh, PA 15213 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| Education | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION |
| | |
| GROSS INCOME RECEIVED | ODOGG INCOME DECENTED |
| | GROSS INCOME RECEIVED |
| ✓ \$500 - \$1,000 | \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED |
| Salary Spouse's or registered domestic partner's income | Salary Spouse's or registered domestic partner's income |
| (For self-employed use Schedule A-2.) | (For self-employed use Schedule A-2.) |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) |
| Sale of | Sale of |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) |
| Loan repayment | Loan repayment |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more |
| (Describe) honorarium (to spouse) | honorarium (to spouse) |
| ✓ Other | Other |
| (Describe) ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER | (Describe) |
| * You are not required to report loans from commercial le retail installment or credit card transaction, made in the | ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) |
| | % None |
| ADDRESS (Business Address Acceptable) | |
| | SECURITY FOR LOAN |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence |
| | Real Property |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address |
| \$500 - \$1,000 | |
| \$1,001 - \$10,000 | City |
| \$10,001 - \$100,000 | Guarantor |
| | |
| U OVER \$100,000 | Other(Describe) |
| | (Describe) |
| Comments: | |